BIRCH, STEWART, KOLASCH & BIRCH, LLP

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Insert Title

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the inviton entitled:

REAL TIME DETERMINATION OF GAS SOLUBILITY AND RELATED PARAMETERS IN MANUFACTURING PROCESSES.

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Information -	the specificati	on was filed on				as	
For Use Without	United States	Application Number	r				
Specification	and amended	on			(if applicable) and/or	
Attached:	the specificati	on was filed on				as PCT	
	International Application Number				;	and was	
						plicable)	
	amended under PCT Article 19 on (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns, except as follows. The presentative or assigns, except as follows. I winded States of America prior to this application of which is application of a my country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I winded States Code, \$115(e)-(d) or my foreign application of any foreign application of pratent or inventor's certificate its states of the properties of the order that of the application of have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed.						
Delegation	Prior Foreign Ap			·	Priority (Claimed	
Insert Priority							
Information:	(NI)	(Causalan)		(Month/Day/Year Filed)	Yes	No.	
(if appropriate)	(Number)	(Country)		(World) Day/ Tear Filed)	165	140	
	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No.	
Insert Provisional Application(s): (if any)	(Application Num		o, United States Code, §1	19(e) of any United States provisional a	ippucations(s) ii	sted below.	
	(Application Num	ber)		(Filing Date)			
				, , ,			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
	Country		Application Number	Date of Filing (Monti	ı/Day/Year)		
Insert Requested Information: (if appropriate)							
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the mammer provided by the first paragraph of Title 35, United States Code, §112, acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.50 which became available between the filling date of the state application and the national or PCT international filling date of this application.						
Insert Prior U.S.							
Application(s): (if any)	(Application Num	ber)	(Filing Date)	(Status - patented, pe	nding-abandon	ed)	
	(Application Num	horl	(Filing Date)	(Status - patented, pe	nding abandon	nd)	
Page 1 of 2	(Application Num	uei)	(Limik Date)	(Status - patented, pe	mang, avandon	euj	
(Rev. 01/22/01)							

Attorney Docket No. 0011-0401P/6541

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewish and in commendom with the resultangent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

roupe of russ. Sole Inventor. rt Name of ventor rt Date This rt ument is Signed	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	D-	B/20/03			
scument is Signed	Qingyuan CHEN	0-04	Lorration				
rt Residence rt Ottkenship →	Residence (City, State & Country)	CITIZENSHIP					
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ventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHI				
ventor, if any:			CITIZENSHII				
ventor, if any:	Residence (City, State & Country)		CITIZENSHII				
see above see above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)	CITIZENSHI	P DATE*			
see above see above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address i GIVEN NAME/FAMILY NAME	ncluding City, State & Country) INVENTOR'S SIGNATURE		P DATE*			

Page 2 of 2

*DATE OF SIGNATURE